Successfully Monitoring Implementation of the Plan of Care

Using The ISC Monthly Form and Quarterly Form as Tools

Training Objectives

- Basic requirements
- Intent of requirements
- Quarterly Form
- How successful monitoring benefits participant
- How to organize work to meet both intent and requirement
- Tools to help organization
- Questions

Basic Requirements

- Observation of services
- Monthly home visit
- Contacts with participant and/or guardian
- Review of:
  - Progress on objectives
  - Implementation of positive behavior support plan
  - Incidents
  - Billing/documentation
- Completing follow-up on concerns
- DOCUMENT ING

Basic Requirements

- MINIMUM of 60 minutes of direct interaction with participant per month
  - Must include home visit
  - Includes observation of services
  - Includes telephone contact with participant and/or guardian
- Do not stop documenting when 60 minutes have been logged – intent is to document all major actions taken by case manager throughout month

Monthly Form -Total Monthly Contacts

Total Monthly Contacts *(must be minimum of 60 minutes)*
Monthly home visit time:
Total other billable contact time:
Total billable time this month:

Intent-Observation of Services

- Observe participant in all services
  - Is service meeting the needs intended in the plan of care?
  - Are all staff consistently carrying out training per IPC?
  - Is the participant safe and satisfied?
  - Is progress being made? If not, why not? Are changes needed?
- Document answers to these questions
  - What is going well?
  - What are the concerns?
  - What are you going to do/have you done to follow-up on concerns?

Monthly Form – Observation of Services

Other Contacts:

These are contacts in addition to the monthly home visit and must be face-to-face or phone contacts with participant and/or guardian to count toward the minimum sixty minute monthly requirement.

Type of Contact *(list service observation type, phone contact, or other contacts:)*

Location   **Date**

Begin Time   **AM**   **End Time**   **AM**   **Total Time**   **Billable time** ☐

Results of Contact:

Intent-Observation & Interview of Participant in Home

- Observation in home:
  - Is participant safe?
  - Are the participant's needs being met?
  - Is intervention of any kind needed?
- Interview in home:
  - How are services going? What is going well and what isn't?
  - Are any changes needed?
- Document observation and interview

Monthly Form – Home Visit

Required Monthly HOME Visit:

*Minimum one home visit must be completed to bill for case management services. This section should only include the time/service that occurred **in the home** and the participant must be home at the time of the visit.*

Date   Begin Time   AM   End Time   AM   Total Time

List other services observed during home visit (if applicable)

Ask about how services are going, if there are any concerns or changes that person wants and what is going well.

Summary of contact:

Names of people interviewed:

Review of Progress on Objectives

- Are objectives being completed and documented accurately?

- What are the measurable results during month?

- What are the measurable results over the quarter?

- Are there parts of the objective being met or not being met on a consistent basis?

- Does the objective need to be changed?

- Document results of review and follow-up completed

Monthly Form – Progress on Objectives

Participant's Name:		IPC date:	Month of Service:
OBJECTIVE Monthly Review:			
Habilitation Service	**Training Objective**	**Quantify the progress, regression, or no change** (e.g., %, average #)	**List any changes needed**

Developmental Disabilities Division

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Result of Review of Behavior Plan

- Are targeted behaviors being tracked?
- Have targeted behaviors increased or decreased over past month? Over past quarter?
- Is behavior plan being implemented appropriately?
- Are positive interventions occurring?
- Is behavior plan working?
- Do changes need to be made?
- Document result of review and follow up completed

Quarterly Form – Restraints and Behaviors

Number of <u>RESTRAINTS</u> used:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The ISC should be thinking about if the behavior plan was implemented properly, staff involved certified in restraints, was this an emergency restraint not in a behavior plan, etc…?

Significant changes in type/frequency of <u>BEHAVIORS</u>:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The ISC should be thinking about if the behavior plan was implemented properly?

Review of Incidents

- Review of individual incidents
  - Is incident reportable per Division's rules?
  - Does incident identify health or safety concerns needing follow-up?
  - Does incident identify concerns with implementation of plan of care (staffing, behavior plan, health needs)?
- Review of incidents reported over period of time
  - Are there trends in the incidents (increased seizures, falls, behavioral episodes)?
- Identify, complete and document review and follow up

Monthly Form – Incident Reports

Incident Reports:

Number of incidents <u>non-reportable</u> to DDD:

Follow-up completed this month: None needed ☐

The providers' IR policies should determine the criteria of what is defined as an <u>internal</u> incident. The ISC should be thinking about if the plan of care was implemented properly (e.g., behavior plan, seizure protocol, supervisions/supports, etc…) ?

Number of <u>DDD reportable</u> incidents:

Follow-up completed this month: None needed ☐

The ISC should be thinking about if the plan of care was implemented properly (e.g., behavior plan, seizure protocol, supervisions/supports, etc…)?

Number of <u>RESTRAINTS</u> used:

Follow-up completed this month: None needed ☐

*The ISC should be thinking about if the behavior plan was implemented properly?*

Number of <u>MEDICAL</u> incidents/concerns *(e.g., seizure activity)*:

Follow-up completed this month: None needed ☐

Review of Billing/Documentation

- Required for each service provided by each provider on the plan
  - Are appropriate units being provided over period of time?
  - Does the documentation of service match the service provided?
  - Are there concerns identified in the documentation of the service (no documentation of activities, concerns with documentation on training on objectives)
- Document results of review and follow up
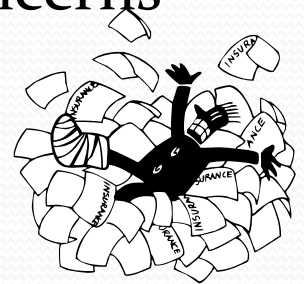
Monthly Form – Billing/Documentation

(Providers on the plan of care are required to submit copies of billing/documentation to the ISC by the 10th of following month.)				
BILLING/DOCUMENTATION Monthly Review from the prior month.				
Service	**# of units documented**	**# of units billed**	**Note concerns or "none"**	**Note follow-up on concerns**
T2022				

Note: providers do not need to bill by the 10th of the following month but need to provide billing information and copies of documentation to ISC by that time frame

Quarterly Form – Trend Questions

ISC must complete quarterly, with input from appropriate members of the IPC team:

Any significant **health** changes over the past quarter?   Yes ☐ No ☐
If YES, list specifics and follow-up actions being taken to evaluate and address changes

Unplanned changes in **diet**, and/or significant changes in **weight** gain or loss?   Yes ☐ No ☐
If YES, list specifics and follow-up actions being taken to evaluate and address changes

Any significant **seizure** changes (frequency/duration)?   Yes ☐ No ☐ N/A ☐
If YES, list specifics and follow-up actions being taken to evaluate and address changes

Changes in adaptive **equipment** needs or in the condition of equipment?   Yes ☐ No ☐ N/A ☐
If YES, list specifics and follow-up actions being taken to evaluate and address changes

Changes in **medication**?   Yes ☐ No ☐ N/A ☐
If YES, list specifics and follow-up actions being taken to evaluate and address changes

Quarterly Form - Incidents

Incident Reports:	

Number of incidents <u>non-reportable</u> to DDD:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The providers' IR policies should determine the criteria of what is defined as an <u>internal</u> incident. The ISC should be thinking about if the plan of care was implemented properly (e.g., behavior plan, seizure protocol, supervisions/supports, etc…)?

Number of <u>DDD reportable</u> incidents:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The ISC should be thinking about if the plan of care was implemented properly (e.g., behavior plan, seizure protocol, supervisions/supports, etc…)?

Number of <u>RESTRAINTS</u> used:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The ISC should be thinking about if the behavior plan was implemented properly, staff involved certified in restraints, was this an emergency restraint not in a behavior plan, etc…?

Significant changes in type/frequency of <u>BEHAVIORS</u>:

Trends and/or concerns this quarter needing follow-up: None needed ☐

The ISC should be thinking about if the behavior plan was implemented properly?

Any other potentially significant risks identified through documentation over the past month?

Quarterly Form-Follow-up

Follow-up actions still pending from <u>last</u> quarterly review:

Follow-up actions needed for <u>next</u> quarterly review:

Quarterly Form - Satisfaction

Participant Satisfaction *(all Waivers)*:

Provider	Service	Satisfaction *Level 1-5:	How Are Things Going With This Provider? (Summarize)	Concerns Needing Follow-up

*Levels: 0 – Refused, 1 – Very Dissatisfied, 2 –Dissatisfied, 3 –Neutral, 4 –Satisfied, 5 - Very Satisfied
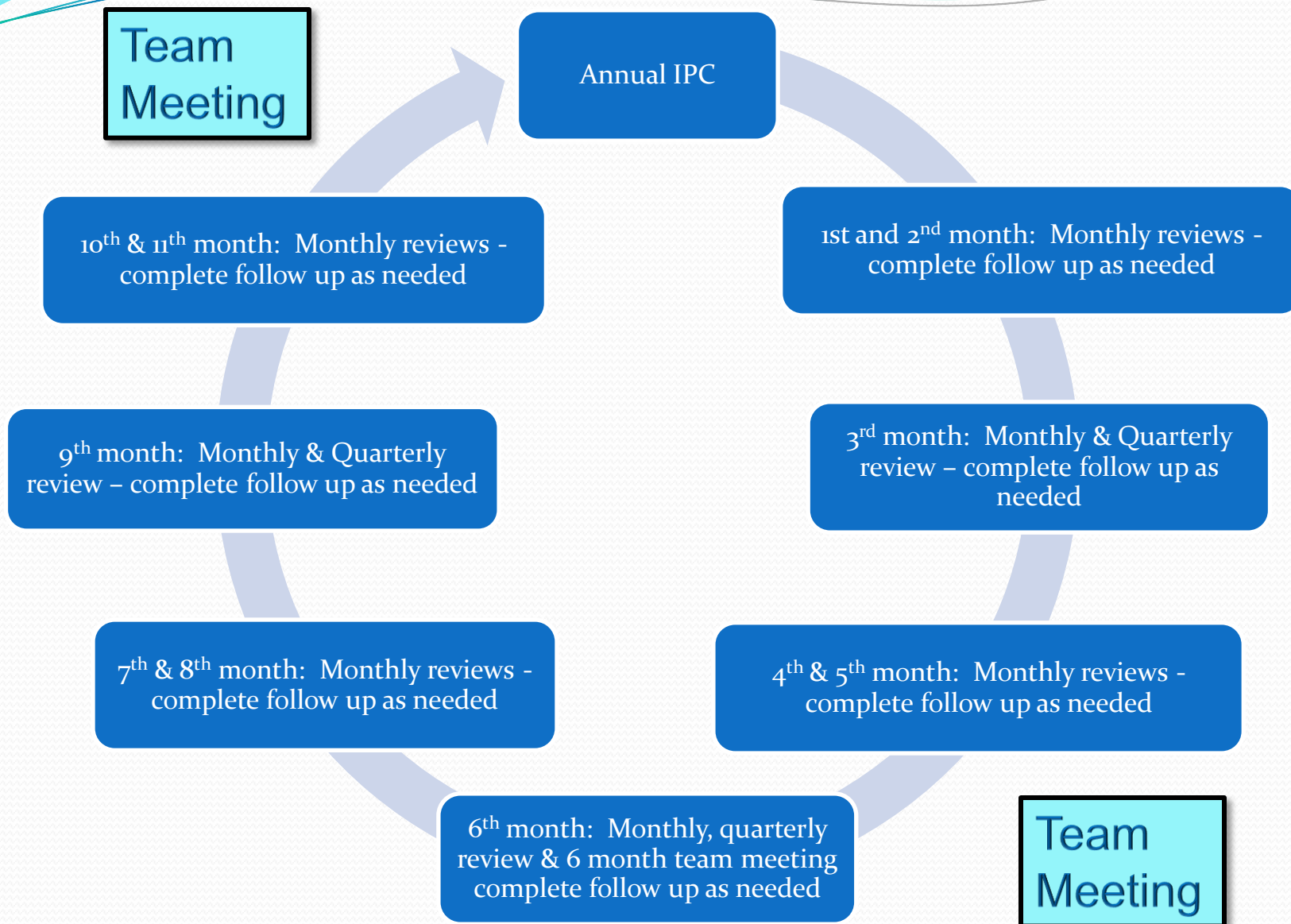
Other Comments:

Quarterly Form - Interview

For persons 18 years of age or older

Interview Participant *(if unable to communicate, interview the guardian):*
1. What do you do in the community?
    a. How often?
    b. What would you change?
2. If you are working, what do you like about your job?
    a. What don't you like or what would you want to change?
3. If you are not working, do you want to work?   YES
    a. If YES, what is the team doing to support you in getting a job? *(List specific actions.)*
4. What do you like about where you live?
    a. What don't you like?
5. What else would you like your providers to help you with?   ☐ None
    a. Supports
    b. Activities
    c. Personal Relationships
    d. Other

Follow-up Required from Interview:

Team Meeting

Annual IPC

1st and 2nd month: Monthly reviews - complete follow up as needed

10th & 11th month: Monthly reviews - complete follow up as needed

9th month: Monthly & Quarterly review – complete follow up as needed

3rd month: Monthly & Quarterly review – complete follow up as needed

7th & 8th month: Monthly reviews - complete follow up as needed

4th & 5th month: Monthly reviews - complete follow up as needed

6th month: Monthly, quarterly review & 6 month team meeting complete follow up as needed

Team Meeting

Documentation – Ties Everything Together

- Observation of services
- Interviews – telephone contacts with guardian/participant
- Home visits
- Review of progress on objectives
- Review of incidents

- Review of behavior plan
- Review of billing/documentation
- Review of all other documentation
- Results of all follow up actions

How Does This Benefit Participant?

- Monitoring ensures the participant:
  - Is safe
  - Is making progress
  - Has opportunity to develop and change plan
- Monitoring ensure team members:
  - Are accurately implementing plan
  - Are accurately documenting progress and services
  - Are safe, respectful and well trained

How Does This Benefit Participant?

- Documentation:
  - Allows for quantitative and qualitative analysis
  - Ensures an accurate record for future planning and plan development
  - Helps ensure seamless service delivery in case ISC is not available

How to Organize Work

- Want to meet both intent and requirements
- Educate team members
  - Family and guardians – importance of home visit
  - Family, guardians and service providers– importance of ongoing communication
  - Service providers – value of ongoing training and support from the ISC

How to Organize Work

- Planning
  - Plan & schedule visits and observations monthly
  - Prioritize observations based on participant's needs
    - Training objectives
    - Behavior plan implementation
    - General staff interaction
    - Opportunity for participant & family communication
  - Plan how to assure follow-up is completed and issues resolved

How to Organize Work

- Documentation
  - Ensure all contacts can be documented
  - Decide how documentation will consistently occur
    - Minimize duplication
  - Develop a system
  - Communicate system to back-ups and co-workers

Tools

- Technology & communication
  - Email, computer calendar
  - Efficient voicemail
  - Forms
    - Monthly form
    - Quarterly form
    - Incident reports
    - Restraint & positive behavior support plan documentation
    - Home visit checklist
    - Staff training/retraining
    - Participant specific training
    - meetings

Tools

- Policies and Procedures
  - Keep them simple
  - Review annually at a minimum & make changes
  - Get input from participants, families, and other providers on how procedures are working

Questions?

Contact Information

Survey Certification Staff	Counties	Contact Information
Yvonne Adekale	Laramie and Carbon Counties	777-3407 (After Nov. 17th)
Patrick Harris	Goshen, Platte, Niobrara, Albany, and Converse Counties	534-4658
Ivy Richardson	Sweetwater, Lincoln, and Unita Counties	789-0881
Paul DeLap	Park, Big Horn, Washakie, and Hot Springs Counties	235-1182
Denise Murphy	Sheridan, Campbell, Crook, Johnson, and Weston Counties	472-2950
Dawn Wright	Freemont, Sublette and Teton Counties	856-9083
Denise Murphy or Paul DeLap	Natrona County	472-2950 or 235-1182
Kathy Escobedo	Survey/Certification Manager	777-7115